For Office Use Only	\$120	

## **Application for Mortuary Science Licensure Iowa Department of Public Health/Bureau of Professional Licensure**

## PLEASE PRINT

## **Instructions are found on page 3**

Last Name  2. First Name and Middle Name		_
3		-
City, State, Zip Code  5.  E-Mail Address		_
5 7 8		_
Daytime Phone (Including Area Code)  Date of Birth  Social Security	ty Number*	
O. Male Female Gender (optional question)  10.  If any of your documentation is in a name other than your current name, list the previous n	ames of record.	-
The following questions must be answered. If you answer "Yes" to question #11 – #16 below, (1) attack explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, show recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred your record.	ring comple suit, includ	tion and ing final
11. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?	Yes	No
12. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
13. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing registration, or certification authority or organization institute disciplinary action against you related to you professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	r	No
14. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).		No
15. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)		No
16. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No
Type of Application: Internship Endorsement  17. Education: Sixty semester hours at an accredited college or university with a minimum of GPA 2.0 or a "C"		
Name(s) of Educational Institution		_
Name of Mortuary Educational Institution		_
8. Graduation date from Mortuary Science School.		

19. Are you or have you ever been licensed, certified, or registered in another state?	Yes No	о 🗌
If yes, list the two letter postal codes of the state(s)		
20. <b>Endorsement applicants only</b> : Have you practiced as a licensed Funeral Director for two or	more years? Yes No	o 🗌
I certify that I have carefully read the questions on this application and have answered them counder penalty of perjury that my answers, and all other statements or information submitted by true and correct. If it is determined at any time that I have provided misleading or false information, I understand that my application may be denied or that I may be subject to prosecution if I am already licensed.	me in this application process formation on or in support of	s, are f this
I understand that I am required to update answers or information submitted herewith if the residuring the time period the application is pending. I also understand that this application is a Iowa Code, Chapter 22 and that application information is public information, subject to the e Finally in submitting this application, I consent to any reasonable inquiry that may be necessary provided on or in conjunction with this application.	public record in accordance xceptions contained in Iowa	with law.
*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to pr result in license denial. <b>Privacy Act Notice:</b> Disclosure of your Social Security Number on this 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection w obligations and as an internal means to accurately identify licensees, and may be shared with tax including Iowa Code § 421.18.	license application is require ith the collection of child sup	ed by pport
21 Applicant must sign here in ink	Date	-
INSTRUCTIONS/CHECKLIST: To complete the application, answer each question complist of the supporting documents and fees required for licensure. It is the applicant's respondent and fees reach the board office.  LICENSURE BY EXAMINATION/INTERNSHIP		
The application fee is \$120. Make check or money order payable to the Iowa Board of Mon	tuary Science.	
Official final college transcripts from a regionally accredited college or university indicating minimum of 2.0 or "C" grade point average sent directly from the school(s) to the board office.		
Official certificate from a Mortuary Science college or university indicating completion of a semester hour or equivalent in current <b>Iowa</b> law and rules covering mortuary science, cremat and preneed. Contact a mortuary science college program for availability of course <b>or</b> go to <a href="https://go.dmacc.edu/programs/mortuaryscience/Pages/msiowalicensure.aspx">https://go.dmacc.edu/programs/mortuaryscience/Pages/msiowalicensure.aspx</a>		
Official Mortuary College transcript with the school seal and degree attained sent directly fro office.	om the school to the board	
☐ Official National Board Scores from the National Conference of Funeral Service Examining board office.	Boards sent directly <b>to the</b>	
<ol> <li>If you answered "Yes" to questions 11 through 16 submit the following:</li> <li>Signed letter of explanation providing the details of the incident;</li> <li>Copy of any court ordered evaluations, showing completion and recommendations;</li> <li>Copy of all official court documents regarding your conviction/malpractice suit, incesttlement.</li> </ol>	luding final disposition and/o	or
■ Notarized Preceptor Application – Completed by the preceptor		

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a lice	<u>PORSEMENT:</u> (Any person holding a valid license for two or more years as a funeral director in another state may apply for ease to practice in this state by endorsement)  Completion of the first six requirements listed under "Licensure by Examination/Internship" including the following:
_	Applicants who hold or have held a mortuary science license any other state or country must submit official verification of licensure status from each state where they have held a license.

**Applications must be complete and signed to be processed.** No application will be considered complete until all required supporting documents and fees have been received in the board office. Questions regarding the application process may be directed to 515 281-4287 or <a href="mailto:karla.hoover@idph.iowa.gov">karla.hoover@idph.iowa.gov</a>

## Online license verification

Once licensed you will be able to view and print your licensure status by following these five easy steps. The board office will mail a license certificate and wallet card to you via regular mail.

- 1. Go to www.licensediniowa.gov
- 2. Select "License Search".
- 3. Insert the licensee's name or license number.
- 4. Select the profession from the dropdown list. "Funeral Director"
- 5. Select "Print" for a paper copy.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant.

Mail the original completed application bearing signature in ink to:

Iowa Board of Mortuary Science Lucas State Office Bldg., 5<sup>th</sup> Floor 321 E. 12<sup>th</sup> Street Des Moines, Iowa 50319-0075

www.idph.state.ia.us/licensure

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